1,400

Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/660.785 FEE TRANSMITTAL Filing Date September 13, 2000 For FY 2006 First Named Inventor Hansen, Benjamin E. Ovidio Escalante **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2614 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1,400 Attorney Docket No. 020366-069210US METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order | None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims **Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims -20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) -3 or HP = Х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> <u>Extra Sh</u>	<u>eets</u> <u>Num</u>	ber of each additional 50 or fraction the	ereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x _		=
4. OTHER FEE(S)					Fees Paid (\$)
Non-English Specification,	\$130 fee (no sm	nall entity discount)			

1	SUBMITTED BY						
ĺ	Signature	/William J. Daley/	Registration No. (Attorney/Agent) 52,471	Telephone 303-571-4000			
(	Name (Print/Type)	William J. Daley		Date June 14, 2007			

1,400

Other Issue Fee: